

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF SOUTH CAROLINA**

IN RE: \_\_\_\_\_) CHAPTER 11  
                  )  
Crate Holdings LLC d/b/a Crate Holdings )  
Ammo,              ) Case No.: 24-00312-eg  
                  )  
Debtor.           )\_\_\_\_\_

**STATEMENT OF CHANGE**

In accordance with SCLBR 1009-1, the Debtor hereby gives notice of amendments to its schedules as follows:

**Schedule F:**

Amending Schedule F to show the claim of E-Advance, LLC as disputed (prior schedules did not show as disputed due to oversight).

BARTON BRIMM, P.A.

By: /s/ Christine E. Brimm  
Christine E. Brimm, I.D. # 6313  
P. O. Box 14805  
Myrtle Beach, SC 29587  
(803) 256-6582  
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Attorney for Debtor

Fill in this information to identify the case:

of 10

Debtor Crate Holdings LLC  
 United States Bankruptcy Court for the: District of South Carolina  
 Case number 24-00312  
 (If known)

Check if this is an  
amended filing

## Official Form 206E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

## Part 1: List All Creditors with PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.  
 Yes. Go to line 2.

## 2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address SC Department of Revenue P.O. Box 12265 Columbia, SC 29211-9079	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,432.00
Date or dates debt was incurred _____	Basis for the claim: Taxes & Other Government Units	
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		
2.2 Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Date or dates debt was incurred _____	Basis for the claim:	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)		
2.3 Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Date or dates debt was incurred _____	Basis for the claim:	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)		

## Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Nonpriority creditor's name and mailing address	Date or dates debt was incurred	Last 4 digits of account number	As of the petition filing date, the claim is:	
				Amount of claim	
3.1	American Express P.O. Box 981535 El Paso, TX 79998			Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 35,974.00
				Basis for the claim: Credit Card Debt	
				Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2	Barton Brimm, PA P.O. Box 14805 Myrtle Beach, SC 29587			Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,293.00
				Basis for the claim: pre-petition attorney fees	
				Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.3	Big Rock Sports 148 Sportsman Drive Hamlet, NC 28345			Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 20,000.00
				Basis for the claim:	
				Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.4	CFG Merchant Solutions, LLC 180 Maiden Lane, Suite 1502 New York, NY 10038			Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 71,500.00
				Basis for the claim: future receipts	
				Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.5	Chattanooga Shooting Supplies 2600 Walker Road Chattanooga, TN 37421			Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 59,000.00
				Basis for the claim:	
				Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.6	Cutting Edge Bullets 6766 W. Melrose Street Boise, ID 83709			Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,450.64
				Basis for the claim:	
				Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

## Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>7</sup>	Nonpriority creditor's name and mailing address  E-Advance Services, LLC 80 State Street Albany, NY 12207-2543	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: secured by all assets	\$ 30,000.00
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>8</sup>	Nonpriority creditor's name and mailing address  Graf and Sons, Inc. 4050 S Clark Street  Mexico, MO 65265	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:	\$ 65,000.00
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>9</sup>	Nonpriority creditor's name and mailing address  Gunbroker.com P.O. Box 2511 Kennesaw, GA 30156	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:	\$ 58,017.38
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>10</sup>	Nonpriority creditor's name and mailing address  Hyperion Munitions 8601 Somerset Drive  Largo, FL 33773	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:	\$ 11,000.00
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>11</sup>	Nonpriority creditor's name and mailing address  Iron Valley Supply 101 London Parkway Birmingham, AL 35211	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:	\$ 21,000.00
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

## Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>12</sup>	Nonpriority creditor's name and mailing address  LEE Advance LLC 325 Division Avenue Suite 201 Brooklyn, NY 11211	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: possible UCC; TBD	\$ 20,000.00
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3. <sup>13</sup>	Nonpriority creditor's name and mailing address  Mid Atlantic Ammo 3298 Heavenly Cause Court Mount Airy, MD 21771	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:	\$ 57,000.00
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3. <sup>14</sup>	Nonpriority creditor's name and mailing address  Mini Mall US Storage Properties Master LP, by its GP, Mini Mall Storage Properties US GP Ltd 250-1201 Glenmore Trail SW Calgary, Alberta, AB T2V 4Y8	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: Rejection of Lease; offset by deposit	\$ 1,825.00
Date or dates debt was incurred _____		Is the claim subject to offset? No <input checked="" type="checkbox"/> Yes	
Last 4 digits of account number _____			
3. <sup>15</sup>	Nonpriority creditor's name and mailing address  Norma Precision 137 Prosperity Drive Suite 100 Garden City, GA 31408	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:	\$ 30,000.00
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3. <sup>16</sup>	Nonpriority creditor's name and mailing address  Nosler , Inc. 107 SW Columbia Street Bend, OR 97702	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:	\$ 17,000.00
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

## Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>17</sup>	Nonpriority creditor's name and mailing address  PNC Bank 10267 Beach Drive SW Calabash, NC 28467	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: negative balance in accounts prior to closing	\$ 6,087.27
	Date or dates debt was incurred  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>18</sup>	Nonpriority creditor's name and mailing address  RSR Group, Inc. 4700 Amon Carter Blvd. Forth Worth, TX 76155-2207	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:	\$ 10,500.00
	Date or dates debt was incurred  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>19</sup>	Nonpriority creditor's name and mailing address  Signature Payments 2815 Townsgate Road, Suite 225 Westlake Village, CA 91361	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:	\$ 3,007.71
	Date or dates debt was incurred  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>20</sup>	Nonpriority creditor's name and mailing address  Tactical Gear Distributors 9750 Aberdeen Road Aberdeen, NC 28315	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:	\$ 6,000.00
	Date or dates debt was incurred  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>21</sup>	Nonpriority creditor's name and mailing address  Top Choice Financial, LLC 99 Wall Street New York, NY 10005	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:	\$ 4,774.00
	Date or dates debt was incurred  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

## Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>22</sup>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
United First LLC/GFE Funding 2999 NE 191st Street Unit 901 Miami, FL 33180		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Basis for the claim:			
Is the claim subject to offset?			
Date or dates debt was incurred		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
3. <sup>23</sup>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
UPS 55 Glenlake Parkway NE Atlanta, GA 30328		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 19,974.00
Basis for the claim:			
Is the claim subject to offset?			
Date or dates debt was incurred		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$
Basis for the claim:			
Is the claim subject to offset?			
Date or dates debt was incurred		<input type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$
Basis for the claim:			
Is the claim subject to offset?			
Date or dates debt was incurred		<input type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	

## Part 3:

## List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.	Atlas Receivables Management 2121 Airline Drive, Suite 520 Metairie, LA, 70001	Line <u>3.16</u> <input type="checkbox"/> Not listed. Explain: _____	
4.2.	Towner and Kohler Law Firm 333 N. Wilmot Road, Suite 340 Tucson, AZ, 85711	Line <u>3.11</u> <input type="checkbox"/> Not listed. Explain _____	
4.3.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.4.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.5.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.6.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.7.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.8.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.9.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.10.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.11.		Line _____ <input type="checkbox"/> Not listed. Explain _____	

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.**5a. **Total claims from Part 1**

5a.

\$ 0.00

5b. **Total claims from Part 2**

5b.

+ \$ 550,403.00

5c. **Total of Parts 1 and 2**

Lines 5a + 5b = 5c.

5c.

\$ 550,403.00

AMENDED

Fill in this information to identify the case and this filing:

Debtor Name Crate Holdings LLC  
United States Bankruptcy Court for the: District of South Carolina  
Case number (if known): 24-00312

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

*Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)  
 *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)  
 *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)  
 *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)  
 *Schedule H: Codebtors* (Official Form 206H)  
 *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)  
 *Amended Schedule* E/F  
 *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)  
 *Other document that requires a declaration* \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/03/2024  
MM / DD / YYYY

  
*/s/ Michael A. Corcoran*

Signature of individual signing on behalf of debtor

Michael A. Corcoran

Printed name

Owner

Position or relationship to debtor